

Centers for Medicare & Medicaid Services, HHS

§ 456.501

§ 456.437 Notification of adverse decision.

The UR plan must provide that written notice of any adverse final decision on the need for continued stay under § 456.436 (g) through (i) is sent to—

- (a) The ICF administrator;
- (b) The attending physician;
- (c) The qualified Intellectual Disability professional, if applicable;
- (d) The Medicaid agency;
- (e) The beneficiary; and
- (f) If possible, the next of kin or sponsor.

§ 456.438 Time limits for notification of adverse decision.

The UR plan must provide that the group gives notice under § 456.437 of an adverse decision not later than 2 days after the date of the final decision.

Subpart G—Inpatient Psychiatric Services for Individuals Under Age 21: Admission and Plan of Care Requirements

§ 456.480 Scope.

This subpart concerns admission and plan of care requirements that apply to inpatient psychiatric services for individuals under age 21 in hospitals, mental hospitals, and intermediate care facilities.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

§ 456.481 Admission certification and plan of care.

If a facility provides inpatient psychiatric services to a beneficiary under age 21—

- (a) The admission certification by the review team required in § 441.152 satisfies the requirement for physician certification of need for care in §§ 456.60, 456.160, and 456.360; and
- (b) The development and review of the plan of care required in § 441.154 satisfies the requirement for physician recertification of need for care in the sections cited in paragraph (a) and the requirement for establishment and periodic review of the plan of care in §§ 456.80, 456.180, and 456.380.

- (c) The plan of care must be established by the team described in § 441.156.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

§ 456.482 Medical, psychiatric, and social evaluations.

If a facility provides inpatient psychiatric services to a beneficiary under age 21, the medical, psychiatric, and social evaluations required by §§ 456.170, and 456.370 must be made by the team described in § 441.153.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

Subpart H—Utilization Review Plans: FFP, Waivers, and Variances for Hospitals and Mental Hospitals

§ 456.500 Purpose.

For hospitals and mental hospitals, this subpart—

- (a) Prescribes conditions for the availability of FFP relating to UR plans;
- (b) Prescribes conditions for granting a waiver of UR plan requirements; and
- (c) Prescribes conditions for granting a variance in UR plan requirements for remote facilities.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

§ 456.501 UR plans as a condition for FFP.

- (a) Except when waived under §§ 456.505 through 456.508, FFP is not available in expenditures for Medicaid services furnished by a hospital or mental hospital unless the facility has in effect a UR plan that meets the utilization review requirements for Medicare under section 1861(k) of the Act.
- (b) A facility that participates in Medicare and Medicaid must use the same UR standards and procedures and review committee for Medicaid as it uses for Medicare.
- (c) A facility that does not participate in Medicare must meet the UR plan requirements in subpart C or D of this part, which are equivalent to the Medicare UR plan requirements in